This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
02/19/2024	\$ ALLOCATION NUMBER					

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	Barcode Data Filing Period (optional - see instructions)							
Accounting Period								
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	West River Cable Television							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	PO Box 39 (Number, street, rural route, apartment, or suite number)							
	Bison, SD 57620							
	(City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name West River Cable Television Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Bison SD Newell SD Newell SD			FORM SA1-2E. PAG							
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Bison SD Newell SD Newell SD Lemmon SD Nisland SD Micintosh SD Meadow SD SO SD SD SO SD SD SD SD SD	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kno as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN										
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Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city. CITY OR TOWN STATE Bison SD Community Buffalo SD Newell SD Rows as Necessary Camp Crook SD Lemmon SD Nisland SD McIntosh SD Meadow SD Meadow SD			t will serve as a form of system identification hereafter know							
CITY OR TOWN STATE										
Served Identified city. CITY OR TOWN	Area		home parks should be reported in parentheses below the							
First Bison SD Community Buffalo SD Newell SD Rows as Necessary Camp Crook SD Lemmon SD Nisland SD McIntosh SD Meadow SD Sorum SD		identified city.								
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Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8267

West River Cable Television

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 			Platinum	435	#####	
 Service to additional set(s) 			Gold	185	#####	
 FM radio (if separate rate) 			Silver	110	44.00	
Motel, hotel			Motel/Hotel	6	5.00	
Commercial			Commercial	32	#####	
Converter						
 Residential 						
Non-residential						
		1		1	i	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
 First set 		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8267

West River Cable Television

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFYR	5.1	N	BISMARCK, ND
KEVN	7.1	N	RAPID CITY, SD
KOTA	3.1	N	RAPID CITY, SD
KPSD	13	E	EAGLE BUTTE, SD
KCLO	15.1	N	RAPID CITY, SD
KNDX	5.2	N	BISMARCK, ND
KXMB	12.1	N	BISMARCK, ND
KBMY	17.1	N	BISMARCK, ND
KNBN	21.1	N	RAPID CITY, SD

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

West River Cable Television

8267

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						 	
					 		

ccounting Perio	nd: 2023/2							FORM	I SA1-2E. PAGE
ccounting rene	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					1 Ortivi	SYSTEM ID
Name	West River Cable Tele	evision							826
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp. Column 1: Give the title period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs	E: SPECIA titify every nor accounting per ing that must T CONCER eriod, did you ation? o," leave the E PROGRA stitute progra ace, please e of every nor a distant state egulations, cories like "mo . Bulls."	eriod, under specific process of this paragraph and additional and that yor authorization prices or "bask"	ision program, broadcast by becific present and former Fin this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute based of the second of th	y a distant star FCC rules, reg the general ins asis, any nonr s "Yes," you r s wherever po e program") the ted for the pro eneral instruct am titles, for e	ulations, of structions network te must com- possible, if nat, during ogrammin ions for fu	elevision Plete the their many generating of anount their in the interval interval in the interval in the interval in the interval in the int	rization aper SA n progr. ES e progr. eaning ecountin other s nformat	em carried on a s. For a further A1-2 form. am X NO ram is ng tation ion.
	Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let	I sign of the spadcast station nadian station the and day ive "5/7." nes when the second Example: a state "R" if the	station broadd on's location (ions, if any, the when your sy e substitute pr a program can	stem carried the substitute ogram was carried by you ried by a system from 6:0	ram. e station is lide station is ide program. Us r cable syster 1:15 p.m. to 6	entified). se numera m. List the :28:30 p.i	als, with e times m. shou	n the m accura	onth
	to delete under FCC rules was substituted for prograt effect on October 19, 1976	mming that y		uring the accounting perio	der FCC rules	and regu	ılations	ted pro in	
	was substituted for prograteffect on October 19, 1976	mming that y	your system w	luring the accounting perions as permitted to delete und	der FCC rules WHE	and regu	lations TITUTE	ted pro in	gram
	was substituted for prograi effect on October 19, 1976	mming that y		luring the accounting perions as permitted to delete und	der FCC rules WHE	and regunders N SUBS	lations TITUTE	ted pro in	
	was substituted for prograteffect on October 19, 1976	mming that y	your system w	luring the accounting perions as permitted to delete und	WHE CARRI	and regunders N SUBS	llations TITUTE CURRE	ted pro in	gram 7. REASON FO
	was substituted for prograi effect on October 19, 1976	mming that y S. SUBSTITUT 2. LIVE?	your system w E PROGRAM 3. STATION'S	luring the accounting perions as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	llations TITUTE CURRE	ted pro in	gram 7. REA

Accounting Period: Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	West River Cable Television	826
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ssion service mount, se
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	53,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00.	six-month
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100))
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600	0)
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	,757.25
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	,319.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	3,076.25
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	3,076.25
240	Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	3,096.25
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	
	See page For the general instructions in the paper SAL-2 form and the Excel instructions tab for more	ппогтацов.

Accounting Period: 2	2023/2				FORM SA1-2E. PAGE 7.
Name	West River Cal	DWNER OF CABLE SYSTEM: ble Television			SYSTEM ID# 8267
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	s, and (2) the cable system's t	s	e accounting period.	9
		•			142
N Individual to Be Contacted		about this statement of accour	HER INFORMATION IS NEEDED (Identify annt.)		
for Further Information	Name	Tori Kling		Telephone	605-244-5213
	Address	801 Coleman Ave (Number, street, rural route, apartr Bison, SD 57620 (City, town, state, zip)	ment, or suite number)		
	Email	tkling@wrctc.co	оор	Fax (optional)	
	CERTIFICATION	(This statement of account m	ust be certified and signed in accordance wi	th Copyright Office regulations)
O Certification			one, but only one, of the boxes.)	1,75	,
Certification			partnership) I am the owner of the cable syste	m as identified in line 1 of space	e B; or
			ation or partnership) I am the duly authorized	d agent of the owner of the cable	e system as identified
	X (Office		if a corporation) or a partner (if a partnership)	of the legal entity identified as c	owner of the cable system
		e, and correct to the best of my	hereby declare under penalty of law that all s y knowledge, information, and belief, and are i		ein
			X "/s/ Eric Kahler"		-
			Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., /		
		Typed or printed	d name: Eric Kahler		
		Title:	General Manager fficial position held in corporation or partnership)		
		Date:		02/19/2024	

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Accounting Period: 2023/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 8267 West River Cable Television SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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